CLAIMS ONLY

Application Number: 10/5 1111.5

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3	1		1			
4		1	1			
5	1		1			
6		1	1			
7	1		1			
8	1					
9		6		6		
10		6		6		
11		6		6		
12		2		8		
13		2		8		
14		2		8		
15		2		8		
16		2		8		
17						
18						
19						
20						
21						
22						
23	1		1			
24		1		1		
25		6		6		
26		1				
27		1		1		
28		1				
29		1				
30		1		1		
31		1				
32		1		1		
33						
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47						
48						
49						
50						
Total Indep	8		8			
Total Depend	48 39		37			
Total Claims	56	47	45			

CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						

Clms 12-16 improper because multiple dependent can't depend on a multiple dependent.